



**DIVISION OF LICENSING**

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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	ROSA DANIELA REYES TORRES				License Number	DCFH.58039	Date of Inspection	08/13/2025
					Expiration Date	7/31/2028	Time of Inspection	09:05 AM
Address	26 HARRINGTON AVE NEW HAVEN CT 06512-2635				Telephone	(475) 800-6826	Regular Capacity	6
					Hours of Operation	7:00 AM – 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	12	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Jenny Ferreira		
Provider's Email	danireyes0384@yahoo.com				Inspector's Email	jenny.ferreira@ct.gov		

Key:  
 Compliant = X  
 Non-Compliant = O

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

O	4. Capacity	Provider not in compliance with maintaining licensed capacity when observed 9 upon arrival in addition to 3 other children that arrived with the substitute 33 minutes after inspection started.	
X	5. Non-transferability of license	Pending?	
X	6. Infant/Toddler Restriction		
X	7. License Posted		
X	8. Parent Access to OEC Phone Number		
X	9. Photo ID		
X	10. Requests for Information		
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when observed an unreported new household member.	

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	01/11/2027
X	14. First Aid Certificate	
	Expiration date:	11/03/2025

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	11/03/2025	
<b>O</b>	16. Judgment	Provider not in compliance with demonstrating good judgment about supervision and safety when observed 9 children present including three children 9, 10, 11 years old unsupervised in the basement and one child 2.5 years old unsupervised in the second level. No additional staff present upon arrival.

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>O</b>	17. Medical Statement	Provider not in compliance with maintaining medical statements when observed no medical statement for a new household member.
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name:	Luz Vasquez	Appvl #	92735
	Type of Staff:	<b>Y</b>				
	Substitute					
<b>X</b>	20. Emergency Caregiver					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>O</b>	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted for a new household member.
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment					
<b>O</b>	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed a scissor in the kitchen accessible to children.				
<b>X</b>	24. Harmful Substances/Materials Inaccessible					
<b>X</b>	25. Bio-contaminants Disposed Safely					
<b>X</b>	26. Safe Storage of Flammables					
<b>X</b>	27. Safe Door Fasteners					
<b>O</b>	28. Electrical Safety	Provider not in compliance with maintaining electrical cords and/or appliances are secured and in good repair when observed extension and fan cords loose and accessible to children.				
<b>X</b>	29. Safe Exits					
<b>X</b>	30. Basement Supervision	Y/N				
		<b>Y</b>				
	Used for Care ?	Y/N				
<b>X</b>	31. Stairways - Protected, Handrails					
<b>X</b>	32. Emergency Plan					

<input checked="" type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	<b>Provider not in compliance with practicing quarterly emergency evacuation drills when observed no drills log and provider indicates that she has done only one and its not documented.</b>	
<input checked="" type="radio"/>	34. Smoke Detectors		
<input checked="" type="radio"/>	35. Carbon Monoxide Detector		
<input checked="" type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="radio"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="radio"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="radio"/>	39. Safe Space- Sufficient		
	Indoors	Y	
	Outdoors	Y	
<input checked="" type="radio"/>	40. Body of Water- Type:	Y/N	
	Barrier?	N	
<input checked="" type="radio"/>	41. Hot Tubs- Locked - Inaccessible	Y/N	
		N	
<input checked="" type="radio"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="radio"/>	43. Window Safety		
<input checked="" type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="radio"/>	45. Adequate and Safe Water - Type of System:		
	Public Water		
<input checked="" type="radio"/>	46. Water Temperature- 60°-120°		
<input checked="" type="radio"/>	47. Pasteurization of Milk Supply		
<input checked="" type="radio"/>	48. Working Phone, Emergency Numbers Posted	<b>Provider not in compliance with maintaining complete emergency phone numbers when emergency number form was not observed. Blank form provided.</b>	
<input checked="" type="radio"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="radio"/>	50. First Aid supplies		
<input checked="" type="radio"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="radio"/>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<input checked="" type="radio"/>	53. Enrollment Form	<b>Provider not in compliance with maintaining child enrollment form(s) when observed children seven (7) children present with no enrollment form.</b>
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining child health record(s) when observed 4 children present without health record.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining immunization record(s) when observed 4 children present without immunization record.
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care when observed seven (7) children present without permission form.
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when observed seven (7) children present without authorized release form.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for transportation of child(ren) when observed seven (7) children present without written permission form.
<input type="radio"/>	59. Swimming Permission	Provider not in compliance with maintaining written parent permission for recreational swimming when observed seven (7) children present without written permission form
<input type="radio"/>	60. Incident Log	Provider not in compliance with maintaining an incident log for each child when observed no incident logs for children present/ enrolled.
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Provider not in compliance with ensuring no items are placed with an infant in a crib or other piece of equipment designed for sleeping when observed a plastic cover hanging on a side of a crib where an infant was napping at the time of the inspection.
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="checkbox"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input type="radio"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Provider not in compliance with disposing of diaper waste materials in a sanitary manner. Provider not in compliance with utilizing a nonporous diapering surface when observed a broken changing mat used for diaper changing. Additionally, observed a dirty diaper on the floor accessible to children.
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<input type="radio"/>	81. Supervision- at all Times, Indoors, Outdoors	Provider not in compliance with providing supervision at all times when observed three children unsupervised in the basement, one child unsupervised in the second level and one child unsupervised in the back porch. Basement not approved for care.
<input checked="" type="checkbox"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="checkbox"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="checkbox"/>	84. Immediate Attention	
<input checked="" type="checkbox"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="checkbox"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="checkbox"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="checkbox"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="checkbox"/>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<input checked="" type="checkbox"/>	91. Sick Child Care	
<b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b>		
<input checked="" type="checkbox"/>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>O</b>	93. Access-Immediate, Entire or Part of Facility and Records	<b>Provider not in compliance with allowing OEC staff immediate access to any part of the facility during customary business hours when OEC specialist request access to a locked room at approximately 9:10am and access was granted at 9:42am when door was broken. Per provider's husband, his sister resides in that room.</b>
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>O</b>	95. Parent Permission for Nonprescription Topical Meds	<b>Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when parent permission for topical non prescription medication was not observed but diaper rash medication was observed.</b>
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>O</b>	97. Nonprescription Topical Meds- Stored/Labeled	<b>Provider not in compliance with maintaining proper storage of nonprescription topical medications. Provider not in compliance with maintaining proper labeling of nonprescription topical medications when observed an unlabeled medication accessible to children.</b>
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>X</b>	100. Written Auth Prescriber/Parent Permission	
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds - Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	

<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?	
		<b>X</b>	



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>23 out of 109</b>
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**DISCUSSIONS/COMMENTS**

**Discussion:**  
**Provider to add substitute to her BCIS roster.**  
**First floor only approved for care, Not the basement.**  
**Full inspection no exit interview were conducted in Spanish**

**IMPORTANT NOTES**

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Jenny Ferreira</b> (Printed Name)	 (Printed Name)	<b>08/27/2025</b>	<b>ROSA DANIELA REYES TORRES</b> (Printed Name)